

VERBATIM PROCEEDINGS  
DEPARTMENT OF PUBLIC HEALTH

HEALTH INFORMATION TECHNOLOGY  
EXCHANGE OF CONNECTICUT  
BOARD OF DIRECTORS REGULAR MEETING

SEPTEMBER 24, 2012

101 EAST RIVER DRIVE  
EAST HARTFORD, CONNECTICUT

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HEARING RE: HITE OF CONNECTICUT  
SEPTEMBER 24, 2012

1 . . .Verbatim proceedings of a meeting in  
2 the matter of Health Information Technology Exchange of  
3 Connecticut, Board of Directors Regular Meeting, held at  
4 101 East River Drive, East Hartford, Connecticut, on  
5 September 24, 2012 at 4:38 p.m. . . .

6

7

8

9

MS. MARIANNE HORN: We have a quorum.  
10 Good afternoon, everybody. And, John, I think you're the  
11 only one on the phone. Can you hear us okay?

12

MR. JOHN LYNCH: Yes, I can.

13

MS. HORN: Okay. Is anybody else on the  
14 phone?

15

MR. LYNCH: Not that I know of.

16

MS. HORN: Okay, very good. So around the  
17 table, we have Commissioner Mullen.

18

MR. TOM AGRESTA: Tom Agresta.

19

MR. MARK HEUSCHKEL: Mark Heuschkel.

20

MS. BETTYE JO PAKULIS: Bettye Jo Pakulis.

21

MS. BARBARA PARKS WOLF: Barbara Parks  
22 Wolf.

23

MR. DEMIAN FONTANELLA: Demian Fontanella.

24

MS. ELLEN ANDREWS: Ellen Andrews.

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1 MS. ANGELA MATTIE: Angela Mattie.

2 MS. BRENDA KELLEY: Brenda Kelley.

3 MS. CHRIS KRAUS: Chris Kraus.

4 MR. DeSTEFANO: John DeStefano.

5 MR. STEVE CASEY: Steve Casey.

6 MR. MARK RAYMOND: Mark Raymond.

7 MR. SCOTT MURPHY: Scott Murphy, outside  
8 counsel, Shipman and Goodwin.

9 MS. HORN: And Marianne Horn.

10 CHAIRPERSON JEWEL MULLEN: I feel like I  
11 should just say that everyone, since it's September, I  
12 think I remember last year telling people it felt like we  
13 were back to school again after the summer being off, so  
14 I know I've been around for a little while now, but I  
15 also feel as if we've been working all summer long in  
16 many different ways, so I want to thank all the different  
17 people, all of you know who you are, for the varying  
18 efforts that you have contributed to, as we have, I think  
19 for about three or four months now, been working hard to  
20 plot the future for the Health Information Technology  
21 Exchange.

22 I can tell you that I'm being as sincere  
23 as I always am, that I feel just as good about it as I  
24 did last year.

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1                   We have spent a lot of time wrestling with  
2                   a lot of hard issues, and, in the past few months, we've  
3                   said goodbye to Dave Gilbertson, and, in the process, I  
4                   just want to acknowledge the work that Chris Kraus and  
5                   John DeStefano have done. It's felt even better than  
6                   seamless in many ways, in terms of the kinds of  
7                   communications that we've had, the resource that you have  
8                   provided to me and to the Office of the National  
9                   Coordinator.

10                   We had a number of deadlines that we  
11                   needed to meet on behalf of DPH and HITE/CT over the  
12                   summer. We made every one on time, and Strategic and  
13                   Operations Plan and PINs have been approved, so that  
14                   entitles us to keep doing more work, but I think there  
15                   were many people, who wondered how it was all going to  
16                   get done, especially when you consider that we also said  
17                   goodbye to Meg, who retired on June 1st.

18                   Along the way, we've done other things,  
19                   such as formally designating Dr. Minakshi Tikoo as the  
20                   coordinator, so you can stand up and show people that you  
21                   can still stand. (Applause) You've been a part of that.

22                   Hi, Joan Soulsby. For anybody, who hasn't  
23                   yet whispered, oh, and there are people from OPM, in  
24                   addition to Barbara, who are coming to the meetings,

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1       that's made a tremendous difference, as well. I'm not  
2       going to acknowledge Mark Raymond sitting at the table,  
3       because he doesn't want to be acknowledged. (Laughter)  
4       How's that?

5                       MR. RAYMOND: That's not true.

6                       CHAIRPERSON MULLEN: How about this?  
7       Because you're low profile.

8                       MR. RAYMOND: Okay.

9                       CHAIRPERSON MULLEN: Because you're low  
10      profile. And I also have to tell you that I have taken a  
11      few days off over the summer, but most of the time you  
12      didn't see me I was just at a meeting someplace else,  
13      but, along the way, I also have tremendous appreciation  
14      for Bettie Jo Pakulis for reading every e-mail that I  
15      have sent you, making sure that the Lieutenant Governor  
16      has been in part of all of the responses to those  
17      communications, and it also contributes to my sense of  
18      optimism.

19                      MS. PAKULIS: Anything we can do to help.

20                      CHAIRPERSON MULLEN: Thank you so much.  
21      And, then, Dr. Agresta. Do you want to say something?

22                      DR. AGRESTA: Well this is kind of  
23      bittersweet for me, but about four or five weeks ago, I  
24      gave notice that I was resigning as a member of the Board

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1 of Directors for ITT, in order to pursue activities that  
2 are really necessary and needed, as working with the  
3 Department of Social Services and helping them move their  
4 EHR implementation program forward and insuring that our  
5 docs are actually capable of utilizing the Health  
6 Information Exchange and doing other activities that  
7 really actually advance health care at the State level,  
8 so it's kind of a little bit bittersweet, because I've  
9 been part of this from the beginning, but I also now see  
10 some very promising movement forward.

11 CHAIRPERSON MULLEN: So thank you. Thank  
12 you personally. Every Board Chair needs a Vice Chair, or  
13 two, or three, and you've been the two or the three, and  
14 I know we're still going to be collaborating.

15 DR. AGRESTA: Yes.

16 CHAIRPERSON MULLEN: But thank you. And I  
17 see the look on your face, so I actually know that you're  
18 sorry to be doing this, but it's necessary.

19 And I will just reflect for you our  
20 conversations of how much Dr. Agresta has really wanted  
21 to impart to everyone his commitment to this effort, and  
22 I think that's an important thing for me to just reflect,  
23 as well, because part of what we're going to be talking  
24 about today is Board vacancies, which, in a certain way,

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1 might sound like a lot of vacancies, but, on the other  
2 hand, some of it is part of the natural transitions that  
3 have come along the way, including what some people's  
4 terms on the Boards have been. I know that you'll still  
5 be our collaborator.

6 Peter Courtway over the summer submitted  
7 his resignation to the Board. We have asked him to stay  
8 on longer than his designated role on the Board, would  
9 have allowed him to, because he was actually representing  
10 a hospital, Chief Information Officer position, and, as  
11 we know, he left Danbury Hospital several months ago,  
12 but, at that time, given his integral role in negotiating  
13 with Axway and moving us forward, we had asked him to  
14 stay on, so that's one of the other roles we'll be  
15 filling.

16 But I don't want to jump down into that  
17 part of the agenda now. I just really wanted to use that  
18 as my opening before we get to the meeting minutes.

19 I'm going to let Marianne run the meeting,  
20 because every time I'm not here, she tells me you finish  
21 at 6:30. (Laughter)

22 MS. HORN: We'll see how well we do today.  
23 A couple of people have joined us.

24 MS. KAREN BUFFKIN: Yes. Karen Buffkin.

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1 I'm en route, but I'm on the phone in the meantime.

2 MS. HORN: Okay. Hi, Karen. And a couple  
3 of other people?

4 MR. KEVIN CARR: Kevin Carr is on the  
5 line.

6 MS. HORN: Hi, Kevin. Do we have Mark,  
7 Mark Maselli, or Steven Thornquist? Ron Buckman? Okay,  
8 so, then, we can move to the HITE/CT meeting minutes of  
9 August the 20th. Do I have a motion for approval?

10 MR. CASEY: So moved.

11 MR. DANIEL CARMODY: Second.

12 MS. HORN: Second. Any discussion? All  
13 in favor?

14 VOICES: Aye.

15 MS. HORN: Opposed? The minutes pass.

16 MR. HEUSCHKEL: One abstention.

17 MS. HORN: One abstention, okay. Mark  
18 Heuschkel abstains. Number three, under HITE/CT Board  
19 Business, the Treasurer's Report. I'm looking at the  
20 wrong person. I'm sorry. If you could really speak up,  
21 because the people on the phone can't hear very well?

22 MS. KRAUS: Okay, so, right now, we have  
23 current assets, and this is as of August 31st. Just a  
24 couple of things. I'll distribute this. This is for



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1 internal use only for the Board meetings, and it's not  
2 how we're recording our grant financials, so I just  
3 wanted to make everyone aware of that.

4 So this reflects our P & L and our balance  
5 sheet. In our account, we have \$198,343.58. We have  
6 accounts receivable of \$292,250. That's grant money  
7 coming in.

8 We have total liability. We have a  
9 shortfall of \$2,058,061.67. Some of these include unpaid  
10 Axway invoices, so that's why the number is so high, and  
11 I explain that in the e-mail I sent out. Total  
12 liabilities and equity is \$490,593.58. Any questions?

13 MS. PAKULIS: I just have one question.  
14 Maybe I'm just not understanding, but I noticed in the  
15 minutes of last month there was \$12,000 in escrow for  
16 retirement account, but I don't see it.

17 MS. KRAUS: What happened is we had to  
18 hold money out when we were waiting to find out if we  
19 needed to be part of SERS(phonetic), so that money has  
20 been put back into our checking account. Yes?

21 MR. CARMODY: It might be good to break  
22 down the accounts payable for us, even though I know the  
23 majority of it is probably the Axway dollar amount. Is  
24 there anything else in there, because, right now, we just

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1 have one big number.

2 MS. KRAUS: Sure.

3 MR. CARMODY: And, then, when you look at  
4 the income statement, how do we determine services?  
5 Where are we getting the services piece from, you know,  
6 almost the \$3,000,000?

7 MS. KRAUS: It's just revenue, so that's  
8 the amount of grant funds that have come in to date.

9 MR. CARMODY: This is a year-to-date?  
10 This is in July?

11 MS. KRAUS: This is as of August 31st.

12 MR. CARMODY: Well the balance sheet is,  
13 but the income statement is for the entire year?

14 MS. KRAUS: Yes. Do you want me to start  
15 it from July 1st?

16 MR. CARMODY: I'm fine with that. I think  
17 what threw me off was probably the title, because it went  
18 from July 1st to August 31st, so if this is a year-to-  
19 date net income number, then we should retitile that.

20 MS. KRAUS: What would be preferred? Do  
21 you want me to start with the new fiscal year, July 1st,  
22 or do you want me to include all funds to date?

23 MS. KELLEY: Well my question, also, is,  
24 so, we're looking at the balance sheet now, but the

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1 revenue and expenses that's for the year, not for the  
2 month, right?

3 MS. KRAUS: This started from July 1, 2011  
4 to August 31st.

5 MS. KELLEY: Yeah. I think the heading is  
6 misleading, because I looked at this and I said is this  
7 what we spent in the month of -- between July 1st and  
8 August 31st? I guess, no, that isn't misleading. I take  
9 that back.

10 MS. KRAUS: This is our entire, since we  
11 were in existence.

12 MS. KELLEY: Okay.

13 MR. CARMODY: So what I would do is, you  
14 know, balance sheet, as of whatever the date you want to  
15 snap it on, income statement, as of the beginning of our  
16 calendar year.

17 MS. KRAUS: Okay.

18 MR. CARMODY: So July 1st, so it should  
19 then be a snap at that point in time.

20 MS. KRAUS: I'll re-run it and send  
21 everyone the new version. What we're going to do,  
22 though, is we're going to do it year-end, rather than do  
23 it the date of the Board meeting. It just makes it  
24 easier for people to understand.

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1 CHAIRPERSON MULLEN: Month-end.

2 MS. KRAUS: Monthly, yeah.

3 MS. KELLEY: Since we have had so many  
4 budget challenges, is it possible to have a statement  
5 that shows what -- if we're on track, what our budget  
6 would be? And I'm specifically talking more about the  
7 revenue and expenses, especially in the area of salaries  
8 and office supplies and travel and all of that, because  
9 that should fluctuate, and would be nice for the Board  
10 members to know are we doing okay with regard to what we  
11 said we were going to do, and I can't tell that from  
12 here.

13 MS. KRAUS: We're actually working with  
14 the accountants to set up a budget, so that we can track  
15 it.

16 MS. KELLEY: All right and then have some  
17 sort of a thing that we can compare. Thank you.

18 MR. CARMODY: Can I take it, when we do  
19 that, it should be actual and then forecast?

20 MS. KELLEY: Right.

21 MS. KRAUS: Any other questions?

22 CHAIRPERSON MULLEN: I'm impressed by how  
23 you just took all that down so quickly.

24 MS. KRAUS: Thanks.

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1 CHAIRPERSON MULLEN: You're welcome.

2 MS. HORN: The next topic on the agenda,  
3 Board Vacancies and Officer Positions. We had sent  
4 something out, asking people to submit names for the  
5 vacancies.

6 As we've mentioned, we have Tom Agresta's  
7 position now vacant, and that's the Vice Chair/Treasurer.  
8 Peter Courtway. We had a position that had never been  
9 filled, well, not recently, for the attorney with  
10 background and experience in the field of privacy/health  
11 data, security and patients' rights, and a primary care  
12 physician, whose practices utilizes EHRs, so those are  
13 vacant positions. Yes?

14 MS. PAKULIS: Has the appointing  
15 authorities been alerted to the vacancies, because there  
16 are certain appointing authorities that have to make,  
17 like, for example, a Speaker of the House?

18 CHAIRPERSON MULLEN: The Speaker of the  
19 House was sent a letter.

20 MS. PAKULIS: Okay, that was my question.  
21 So they're aware there are vacancies that they really  
22 need to address?

23 CHAIRPERSON MULLEN: Right, and this is  
24 probably -- I can't say how many positions the Speaker

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1 has to appoint someone for, but you would know, so the  
2 next step is to really do that diligent follow-through on  
3 this.

4 In the meantime, though, you know, thanks  
5 to Minakshi and to John DeStefano and to others, who have  
6 been sending forward some possible names for these  
7 positions and getting some background, because we also  
8 understand sometimes it's helpful to be able to give them  
9 names to work with.

10 MS. PAKULIS: An example is I happen to  
11 sit on the committee that talks about the Governor's  
12 appointment, so if there are recommendations for the  
13 appointment that he has, I'm happy to share them. We  
14 meet weekly, so I'm happy to share them with the group.

15 MS. ANDREWS: So should we send those to  
16 you?

17 MS. PAKULIS: Well, if they want to go  
18 through the coordinator, however, you know, I mean I  
19 don't mind, as long as they eventually get to me, so I  
20 can bring them to the meeting. Whatever works for the  
21 group is fine with me.

22 CHAIRPERSON MULLEN: Yes?

23 MS. KELLEY: I notice that there are two  
24 people on the Board that their terms are up. I'm

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1 assuming that you didn't mention them, because they're  
2 going to go for a second term?

3 CHAIRPERSON MULLEN: We're going to talk  
4 to them about that.

5 MS. KELLEY: Okay. All right.

6 CHAIRPERSON MULLEN: I think at least one  
7 of them is on the phone right now. Are you listening?

8 MR. LYNCH: I'm here.

9 CHAIRPERSON MULLEN: You like the  
10 communication that John Lynch and I are having right now?  
11 So, yeah, okay?

12 MS. KELLEY: Okay.

13 MS. HORN: So the other, our bylaws do  
14 require that a Vice Chair be appointed and there be an  
15 election for officers at a particular period. I think,  
16 since the Board is going through some transitions and is  
17 not quite up to speed, what we'd like to do is leave that  
18 until another meeting, when we do have a fuller  
19 compliment of Board members, and then have an offering of  
20 a slate of officers and vote on those at that time.

21 Hopefully, next month, just depending on  
22 how quickly the appointments go. And if anybody is dying  
23 to be one of those officers, please let us know.

24 CHAIRPERSON MULLEN: Any feedback on that?

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1 MS. KRAUS: I just have a question. So,  
2 in the interim, Dr. Mullen, will you be the one to take  
3 over any treasury responsibilities if we need any  
4 signoff? Okay.

5 CHAIRPERSON MULLEN: I nodded my head yes.  
6 Okay, you saw me. Thank you. For the record.

7 MS. HORN: Okay. Anything else on Board  
8 Vacancies and Officer Positions?

9 CHAIRPERSON MULLEN: Some people have  
10 questioned whether or not the Board should be larger, or  
11 whether or not there should be some specific entities  
12 represented that aren't here.

13 This roster and representation was  
14 actually in statute, so if any of you has thoughts about  
15 changes for the future, this is the time when agencies  
16 are submitting their legislative proposals to OPM.

17 The proposal would not have to come from  
18 DPH, or BEST, or DSS. And, as you recall from the  
19 spring, HITE/CT approached the Public Health Committee  
20 Co-Chairs about some of our own legislation, but if, as  
21 time goes by you also say we need some other things, a  
22 bigger Board, some other core skills and you'd like to  
23 make that proposal to change the law, that's something  
24 that we can do.



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1 MS. ANDREWS: Should we send those to you?

2 CHAIRPERSON MULLEN: Then what I would say  
3 is bring them up to the Board, because that would be a  
4 Board decision, so, if you send them to me, I'm going to  
5 bring it to the Board.

6 MS. ANDREWS: Okay.

7 CHAIRPERSON MULLEN: Anything you want to  
8 say right now?

9 MS. ANDREWS: I've got a couple in my  
10 head, but I don't know that that's an exhaustive list.

11 CHAIRPERSON MULLEN: Okay. All right,  
12 thanks.

13 MS. ANDREWS: People, who should be around  
14 this table.

15 CHAIRPERSON MULLEN: Okay. All right.

16 MS. HORN: Okay. Agency Business, the CTO  
17 Report.

18 MR. DeSTEFANO: There's been a lot of  
19 activity over the past month with, you know, various  
20 pursuits, mostly around Direct.

21 We have our two pilot sites that will be  
22 live by the end of this month (papers on microphone)  
23 signed up. Once we get them live, we expect to work more  
24 closely with them to come up with some good new spaces,

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1 so that we can actually get the data moving.

2 There are a number of other efforts in the  
3 pipeline right now with a number of VNA organizations,  
4 with Quest Diagnostics and a number of others to try to  
5 get them also hooked up.

6 MS. KELLEY: Could you give me that number  
7 again, John? How many?

8 MR. DeSTEFANO: It will be 100 plus.  
9 We're not exactly sure of the number, and that really is  
10 dependent on CHC and exactly how many of their providers  
11 they decide to put in.

12 MS. KRAUS: And our ONC target is 100 for  
13 the end of the month?

14 MR. DeSTEFANO: Right.

15 MS. KELLEY: So you're close to meeting  
16 the target?

17 MR. DeSTEFANO: The target of providers  
18 signed up, but now we need to get data moving.

19 MS. KELLEY: And what you said in previous  
20 meetings, is this signed up with us to do Direct, or it's  
21 signed up to do Direct through other vendors?

22 MR. DeSTEFANO: This is signed up with us  
23 currently on the Axway platform.

24 MS. KELLEY: Is it possible to get a list

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1 when that's available of who is signed up?

2 MR. DeSTEFANO: Yes.

3 MS. KELLEY: Okay, great.

4 CHAIRPERSON MULLEN: So does that feel  
5 like progress, or does it feel like a concession, given  
6 that we're just talking Direct? You're entitled to tell  
7 us how you feel about all this.

8 MR. DeSTEFANO: It's both. It's somewhat  
9 of a concession, yes, but I would be more comfortable if  
10 we actually had a real good commitment that those  
11 providers are actually going to use, and I'm not sure  
12 that we have that right now, but, as I said, we're going  
13 to work with them much more closely to see if we can find  
14 some ways that it is valuable to them and they would use  
15 it.

16 MS. KELLEY: I'm assuming that they're not  
17 paying us for this service at this stage in the game.

18 MR. DeSTEFANO: That is correct.

19 MS. KELLEY: Okay.

20 MS. HORN: Any other comments? Any other  
21 business, John?

22 MR. DeSTEFANO: No.

23 MS. HORN: Anybody else? Okay.

24 CHAIRPERSON MULLEN: I'll just ask you to

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1 do one more thing, and I'm not trying to make us stay  
2 past 6:30. We've had a lot of conversations in this body  
3 about Direct and about Connecticut, and I just wondered  
4 if you could tell people a little bit about what you see  
5 across the country with regard to Direct and states right  
6 now.

7 MR. DeSTEFANO: Sure.

8 CHAIRPERSON MULLEN: Just to put it in a  
9 bigger context, because, right now, for a long time,  
10 we've been comparing ourselves to what our aspirations  
11 had been, and I think it's helpful to compare ourselves  
12 to the environment as we continue to have high  
13 aspirations.

14 MR. DeSTEFANO: Sure. I think a lot of  
15 other Health Information Exchanges and even some of the  
16 Direct service providers that are out there in the  
17 marketplace right now their aspirations are changing,  
18 too.

19 We see various degrees of uptake around  
20 the country. Some states, like Arkansas, has been very  
21 successful, but they did a little I don't like to call it  
22 arm twisting, but they actually put regulations in place  
23 for providers that treat State employees to have to use  
24 Direct for pre-authorization.

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1                   Places, like Texas, who I've talked to  
2                   just recently, I haven't had a real good uptake. It's  
3                   been a struggle there, and that's pretty much the theme  
4                   throughout the country. Some areas of the country this  
5                   has gone fairly well, some not so well.

6                   And, again, it goes back to the real use  
7                   cases around Direct and how the providers see it being  
8                   used, and there are still a number of concerns, I think,  
9                   from their part at least, that this isn't the most  
10                  efficient for our Health Information Exchange or  
11                  Technology for them to using that.

12                 The other thing that would really seem and  
13                 is growing is a lot of the EHR vendors are starting to be  
14                 their own Health Information Service providers, so when  
15                 you look at marketplace, we know in Connecticut Cerner is  
16                 a hit, has stood up his capabilities within their EHR.  
17                 Quest Diagnostics, plus care through 60, they have stood  
18                 up within their EHR, so that, to me, from a provider  
19                 perspective, too, was sort of a signal that, you know, if  
20                 I'm a provider, I'm probably not going to go to an  
21                 outside organization to get it when I can get it in my  
22                 EHR and it's built into my EHR.

23                 And that brought us around to the whole  
24                 marketplace concept to develop a trust framework in

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1 Connecticut, so that we can get all the providers, who  
2 come into Connecticut, to sign up with it and, thus,  
3 guarantee at least a base level of security and  
4 operational similarities between the -- it's been a mixed  
5 bag, even throughout the country, as far as uptake.

6 CHAIRPERSON MULLEN: Thanks. Any other  
7 questions for John?

8 MS. KELLEY: I have many questions, but I  
9 don't need to ask them all right now.

10 CHAIRPERSON MULLEN: And, you know, for  
11 all the PIN notices that we've had, our decision, or  
12 concession, or agreement to pursue Direct was very in  
13 line with what the encouragement, although the ONC  
14 doesn't tell us what to do, they created a big space for  
15 us to at least get to this point now, which is I think  
16 what a lot of other states are doing, at least getting to  
17 this point now.

18 Because I'm the Commissioner of the  
19 Department of Public Health, I'll say at the same time  
20 that that's happening. We, over the past several months,  
21 have had a number of providers, who have also wanted to  
22 know when the Public Health applications for our stage  
23 one meaningful use will be available, so that they can  
24 say that they're participating in those.

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1                   So, as we do this work, you still have  
2           Public Health within -- as a State agency, and the  
3           Department of Social Services as a State agency effecting  
4           their roles and enabling and participating in the Health  
5           Information Exchange.

6                   And I think, with the appointment of our  
7           coordinator, we're going to see even better progress in  
8           those areas, because we already are.

9                   MS. HORN: So the Committee Updates, we do  
10          have an update on the Axway negotiations, and we thought  
11          we'd work that in under the Executive Committee, because  
12          that is where it has been largely discussed, but that  
13          will take a good part of the meeting, so I was wondering  
14          if we could go ahead and move to the other committees and  
15          get their updates first, and then circle back to the --

16                   CHAIRPERSON MULLEN: Executive.

17                   MS. HORN: -- go into Executive Session.  
18          So Business and Operations, Kevin? Are you still there,  
19          Kevin Carr?

20                   MR. CARR: Yes, I'm still here.

21                   MS. HORN: Okay, so, any update on  
22          Business and Operations?

23                   MR. CARR: There's very little update. I  
24          think, with the change that we've determined moving down

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1 the path of the full-fledged Health Information Exchange  
2 to more of a Direct messaging capability, there's been a  
3 question, as to, you know, who needs to be engaged in  
4 that conversation, so I have been reaching out to a  
5 couple of individuals, trying to find a co-Chair.

6 I have currently been unsuccessful in  
7 finding that co-Chair, someone that was willing to commit  
8 the amount of time, so I'm still taking nominations. So  
9 far, all the people that have been suggested have not had  
10 the -- to be able to participate in that role, and then  
11 we have some fuller discussions in the future direction  
12 with Direct messaging, and then we can, I think, at that  
13 point, get everybody on board with the Business and  
14 Operations Committee.

15 MS. HORN: Anybody have any questions for  
16 Kevin?

17 MR. CARR: Send me names.

18 MS. HORN: Yeah, anybody want to volunteer  
19 to be his co-Chair? I'm not seeing a lot of hands going  
20 up here. I'm sorry. Finance?

21 MR. CARMODY: Finance doesn't have a  
22 report. This goes back to, I think, that we still have  
23 to come back to (background noise) at points in time.  
24 It's just what is it that we're going to offer? I think



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1       that this was to, if we are just going to offer Direct,  
2       then, you know, even talking about Board vacancies and  
3       how big a Board it is leads us into a whole other  
4       direction.

5                   Until we make that decision, I think we're  
6       going to be in this conundrum of we're talking to a  
7       variety of items that, unless we set a direction, you  
8       know, there's not going to be a lot for a lot of folks to  
9       add, whether it be Business Operations, until we decide  
10      what it is. I think that just runs throughout the course  
11      of the agenda.

12                   MS. HORN: Legal and Policy?

13                   MR. LYNCH: Legal and Policy met on  
14      September 5th. We continue to struggle with the workflow  
15      around consent. We're proceeding on two parallel paths.  
16      One is what consent is needed and how to document it in  
17      the Direct model, while we continue to determine how we  
18      would capture, consent and do the workflows in a more  
19      detailed model.

20                   Part of the problem we identified is the  
21      consent could mean a Direct model. It doesn't appear to  
22      necessarily support consent, other than maybe attaching  
23      them as an attachment to an e-mail.

24                   Part of the problem we have is the

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1 push/pull side of the equation, that if you're in, let's  
2 say, a hospital, and maybe you're getting the consent  
3 there, how do you, then, send that off to, let's say, a  
4 doctor's office and prove that you've got the consent  
5 model, so staff will be doing some look at trying to  
6 determine the feasibility of a central consent model,  
7 where perhaps HITE would essentially take on more  
8 responsibility in that whole consent capture and sending  
9 process.

10 We continue to know that we've got to  
11 expand understanding the actual workflows, so Peter  
12 Armstrong is going to be trying to document what some of  
13 the current workflows are in different places and how  
14 they capture or don't capture consent and how that we  
15 could build that consent into workflows in a doctor's  
16 office, let's say.

17 Other than that, we're continuing to  
18 struggle with those issues.

19 MS. HORN: Thank you, John. Technical  
20 Infrastructure. I don't know whether -- Peter said he  
21 would continue on with the Technical Committee, but I  
22 don't know if anybody else is on from the Technical  
23 Committee.

24 MR. DeSTEFANO: I can give a quick update.

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1 MS. HORN: Okay, great, John.

2 MR. DeSTEFANO: We did have a meeting this  
3 month. We discussed Direct at length, and came out of  
4 the meeting with a number of agenda items for us to  
5 pursue over the course of the next couple of meetings,  
6 which mostly focus on our Direct Trust Framework  
7 documents that we'd like to polish up and bring back to  
8 the Board for approval.

9 MS. HORN: Okay. Special Populations?

10 MS. KELLEY: No meeting. I did  
11 participate in Legal Policy, because we were discussing  
12 the consent document, but, again, we're in a holding  
13 pattern, kind of waiting to see.

14 We'll call a meeting when we have a little  
15 bit more substance.

16 MS. HORN: And then we have the Advisory  
17 Committee on Patient Privacy and Security on the agenda.

18 MR. FONTANELLA: We had a meeting last  
19 month, and not a lot of progress has been made. We've  
20 framed the questions a little bit more discreetly, and  
21 we're all off on fact finding missions, in lieu of the  
22 new direction.

23 CHAIRPERSON MULLEN: Okay, thanks.

24 MS. HORN: I guess we can go back to 5.

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1 a., the Executive Committee, and are there items, other  
2 than the contract, that the Executive Committee would  
3 like to bring to the Board's attention?

4 Hearing none, okay, then, I believe this  
5 conversation should happen in Executive Session, since we  
6 are discussing something that -- strategy negotiations  
7 with respect to pending claims or pending litigation  
8 related to the Axway contract, so I'll need a motion to  
9 that effect, that we go into Executive Session for that  
10 purpose.

11 I have a motion. Do I have a second?

12 MS. MATTIE: Second.

13 MS. HORN: We need a two-thirds majority.

14 All in favor?

15 VOICES: Aye.

16 MS. HORN: Oh, yes, and I would like to  
17 invite several people to stay. Our counsel, Scott  
18 Murphy.

19 MR. RAYMOND: Mark Raymond.

20 MS. HORN: Well, yes. You're sort of one  
21 together. We'd like to invite --

22 CHAIRPERSON MULLEN: We want you to stay,  
23 too, Steve.

24 MS. HORN: -- OPM, Barbara Parks Wolf and

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1 Karen Buffkin.

2 A FEMALE VOICE: May we invite Joan  
3 Soulsby, too?

4 MS. HORN: Yes. Tom Agresta. Dr. Tikoo.  
5 Okay.

6 (Whereupon, the proceedings are now in  
7 Executive Session.)

8 MS. HORN: Okay. We're out of Executive  
9 Session at 6:30. Is there any public comments? Hearing  
10 none, do I have a motion to adjourn?

11 MR. CARMODY: Motion to adjourn.

12 MS. HORN: Second?

13 A FEMALE VOICE: Second.

14 MS. HORN: All in favor?

15 VOICES: Aye.

16 MS. HORN: We are adjourned. Next  
17 meeting, October 15th.

18 (Whereupon, the hearing adjourned at 6:32  
19 p.m.)

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